

Emergency Medical Services

Despite the obvious fact that a major portion of critically ill or injured patients enter the health care system through the hospital emergency department door, probably no facet of medicine has been so widely ignored as Emergency Medical Services (EMS). For years EMS fell under the old canard, "Everybody talks about it but few do anything." And even when they did, most approaches were both too little and poorly coordinated.

In Korea, and more recently in Vietnam, the military developed emergency identification, location, communication, and evacuation systems that, by previous standards, were little short of miraculous. Yet, little has been done in the United States to duplicate the military processes for the auto accident victim on the highway or the heart attack patient in the home.

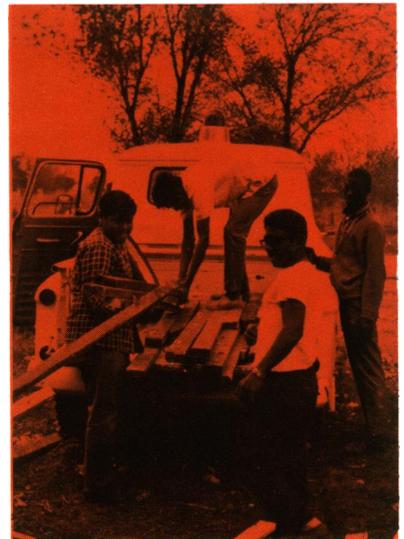
Several years ago in his State of the Union Message, President Nixon identified EMS as a priority item in the nation's health care effort, cogently pointing out that good emergency medical services could save each year an estimated 100,000 from death by heart attacks and another 50,000 from death by accidents. EMS received further Administration backing by being included in the "Health Strategy for the 70's." This initiative culminated in the mid-November signing of the Emergency Medical Services System Act of 1973 (Public Law 93-154), designed to coordinate areawide emergency services systems. Even before the passage of the legislation, however, the Department of Health, Education, and Welfare had moved to strengthen emergency systems with first a task force and then an emergency medical services program within the Health Services and Mental Health Administration. Proposals were requested for the EMS demonstration system, and five full prototype EMS systems and two communication subsystems were funded.

The goal of the new legislation is to stimulate the development of self-sustaining systems which will provide access to emergency services regardless of ability to pay, geographic location, time of day, or type of emergency.

How will this be done? The legislation focuses on assistance to communities in identifying EMS needs, resources, and priorities. Under a matching formula, funds would be provided for the establishment and initial operation of EMS programs with special emphasis on rural areas. Present systems could be expanded and improved under matching grants or contracts. Research and training would be fostered and technical assistance provided to those areas in need of it. In addition, the act provides for establishment of an Inter-agency Committee on EMS and for a study aimed at the removal of national legal barriers to sound EMS development.

In all, the legislation crystallizes the efforts of many in the EMS field who have sought in recent years to reduce the staggering toll of unnecessary death and crippling in those first critical moments following injury or life-threatening illness.—ROBERT E. STREICHER, MD, Assistant Surgeon General and Director, Federal Health Programs Service, Health Services Administration.

Cover—Neighborhood members salvage lumber from a demolished house during a cleanup campaign. Dilapidated houses were torn down as a result of a demonstration program in Lubbock, Tex., which gave priority action to the community health problems of low socioeconomic neighborhoods. The program is described in the article beginning on page 134.

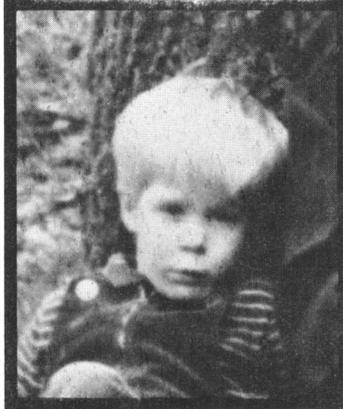


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